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United States Senate

COMMITTEE ON
HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

WASHINGTON, DC 20510-6250

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Prime Minister José Manuel Barroso
President in Office
Council of the European Union
Rue de la Loi 16
1000 Brussels, Belgium

Dear Prime Minister Barroso:

I am writing to enlist your support and help in a life-saving effort. As a U.S. Senator and physician, I have become increasingly concerned about health, social and economic impacts that malaria continues to have on sub-Saharan countries. In fact, since the Roll Back Malaria initiative was launched several years ago, malaria rates have risen by as much as 10 percent. Today, up to 500 million people contract acute malaria every year, and up to 2 million die – the vast majority of them in Africa.

It was this largely preventable tragedy that led the U.S. United States Congress to engage in aggressive oversight actions to reform our own failing U.S. malaria efforts, as well as those of multilateral organizations we support, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization, and others. A year ago, U.S. President George W. Bush joined the fight in a bold new leadership role, announcing billions of dollars of additional funding to fight malaria in Africa. Most important, he joined the Congress in insisting that this money be spent on programs that prioritize proven, life-saving interventions and products over consultants, advice-giving and meetings. The President's Malaria Initiative, along with the Global Fund, is now aggressively funding scaled-up programs of indoor insecticide-spraying with the insecticide DDT, effective medication treatment, and free distribution of bed-nets. Dr. Arata Kochi, the new chief of the World Health Organization's global malaria program, is taking bold leadership in providing encouragement and science-based guidance for using DDT in indoor residual spraying programs.

Experts are finally rallying around the combination that eliminated malaria from the developing world decades ago: DDT plus effective medication – which currently means Artemisia-based combination therapy (ACT) - in conjunction with every other weapon in our disease control arsenal: other insecticides and drugs, long-lasting insecticide-treated bed nets, education, sanitation, modern housing, and more clinics with electricity and safe running water. DDT is emphasized for indoor (but not outdoor) spraying, because just a small amount, sprayed once every six months, keeps 90 percent of mosquitoes from even entering homes; irritates those that do come in so they don't bite; and kills any that land on the walls. No other chemical, at any price, can do that.

As the experiences of South Africa, Swaziland, Mozambique and Zambia have demonstrated, DDT alone can reduce malaria disease and death rates by 75 percent in less than two years. The combination of DDT and ACT can slash rates by 95 percent in three years. That is why a prestigious group, including Nobel Peace Laureates Archbishop Desmond Tutu, Dr. Norman Borlaug and former South Africa President F. W. de Klerk, hundreds of physicians, clergy, infectious disease experts, human rights advocates and others who have signed the Kill Malarial Mosquitoes Now declaration, which I have attached for your review. Even Environmental Defense (which launched the anti-DDT campaign in the 1960s) now says

DDT should be used for malaria control.

Naturally, countries suffering the most under the scourge of malaria, such as Uganda, Kenya, and other sub-Saharan nations, want to implement their own DDT-ACT programs. Most of their ministers know that the persistent rumors and assertions about supposed risks from DDT are mistaken.

Millions of soldiers and civilians were sprayed with DDT during and after World War II, to prevent malaria and typhus, and yet no deaths, no cancers and no other serious problems were ever documented. DDT is only slightly more toxic to humans than some vitamins that are absolutely essential to good health; the nicotine found in common cigarettes is 100 times more toxic than DDT; and hundreds of millions of homes have been sprayed with DDT, yet there has not been a single instance of harm to humans from that spraying.

Regarding wildlife, although fish are sensitive to DDT, none should be exposed to DDT via indoor residual spraying programs. While we must be good stewards of our environment and the wildlife dependent on that environment, no amount of protection of fish from an unlikely exposure to DDT justifies excluding weapons from our arsenal that could save the millions of humans – mostly tiny children and pregnant moms - who die of malaria every year.

Health ministers in African countries have pleaded with their colleagues in the finance and agricultural ministries to support the use of DDT. But trade and economic officials in some of these countries are naturally concerned about trade-related consequences – statements by EU officials, both on and off the record, have threatened trade sanctions against any African country that uses DDT. These officials know that any medical uses of DDT will be fully in accord with the Stockholm Convention and WHO guidelines. And yet the threats and rumors persist. This has created great anxiety among politicians and government ministers, doctors and the general populace – putting them in the untenable position of having to choose between sustaining jobs and economic growth through agricultural exports, and protecting the lives of their parents and children.

The European Union's chargé d'affaires for Uganda warned that if Uganda used DDT, the EU would likely ban the import of its flowers and other agricultural products. An official at pesticide manufacturer Bayer Crop Sciences said he and the company support the EU position. Several months ago, the EU trade representative to Uganda said "nothing will happen, at least on the official side," if countries use DDT – but the EU has "no control" if environmental and consumer organizations pressure supermarkets to stop selling agricultural products from those nations.

My Senate colleagues and I appreciate the fact that some EU officials have denied that these threats represent official European Union policy. But the impressions and fears persist – and they clearly drive decisions by African and other countries not to use DDT, even when that means hundreds of thousands of needless deaths, year after year. The annual death toll from malaria is the equivalent of another Holocaust, this time with African victims, every four or five years. None of us wants that to continue, or to have their blood on our hands. In African countries, malaria is a much bigger problem even than AIDS – in many of them, malaria is the number one cause of death and disease among their population. Yet, if this sort of Western-nation innuendo were stymieing the effective battle against AIDS, I suspect you would have legions of activists descending upon Brussels. Unfortunately, malaria victims are too young and are too quickly killed by their disease to storm the gates of the EU.

Thankfully, you, the Council of the European Union and the EU Parliament are in a position to end this horrible and unconscionable situation. You could easily put the world's mind at ease, by issuing a clear and unequivocal public statement that –

- No boycotts will occur if countries use DDT to save people's lives;
- The EU supports DDT as a vital component of any malaria control program;

- Every country has an absolute right to decide which weapons to use in combating malaria and other lethal diseases; and
- The European Union will respond vigorously against trade bans by EU nations, trade restrictions by importers and supermarket campaigns by environmental activists, if such actions are based on a country's use of DDT for disease control.

You and I certainly recall that for centuries our countries were at the mercy of malaria and the infected mosquitoes that carried the disease. As Mr. Roy Innis, national chairman of the civil rights organization, the Congress of Racial Equality, has observed:

Malaria once killed thousands of Americans annually, from New York to California, from Florida and Louisiana to Michigan and Alaska. Even in the 1930s, it reduced the industrial output of our southern states by a third.

In Europe, Cromwell died from malaria, Charles II and Louis XIV nearly perished, and Rome was saved several times from Germanic armies whose ranks were decimated by the deadly fever. From Italy and Romania to Poland and the English Channel, malarial mosquitoes ruled over Europe for centuries. Homegrown malaria was not eradicated in Europe until 1959.

The United States, Europe, Canada and other developed nations finally eliminated or controlled malaria – and the widespread use of DDT was a critical element in all those successful efforts. For any of us now to suggest, imply or whisper off the record that African countries should not emulate the programs we utilized to control far less serious malaria epidemics in our countries is simply immoral.

The world – and especially Africa – must know that the United States, Europe, United Nations, World Health Organization, and other nations and organizations stand united in their support of DDT, ACT drugs and every other intervention against malaria. No nation or organization should send further conflicting, and life-threatening, messages to countries afflicted by malaria – for such messages from important world bodies like the EU will perpetuate the catastrophic public health disaster that is devastating Africa.

Weak, equivocal, off-the-record suggestions that the European Union does not really intend to impose or enforce trade sanctions against nations using DDT for public health purposes are simply not enough. The EU Council and Parliament *must go on the record*, at the highest levels, to put these trade sanction rumors to rest, and clarify its pro-DDT policies for any field staff who might be confused or sending conflicting messages to their host countries.

We have it within our power to save millions of lives, and improve health and economic conditions for billions. We simply must summon the moral clarity and political will to use that power – and spare countless people the ravages of this killer disease. I ask you to join me in this effort, and look forward to receiving your response.

Respectfully,



Tom Coburn, M.D., Chairman
Subcommittee on Federal Financial
Management, Government Information and
International Security
U.S. Senate Committee on Homeland Security
and Governmental Affairs